



NEVADA DEPARTMENT OF AGRICULTURE

PLANT DIVISION

350 Capitol Hill Avenue

Reno, NV 89502

Telephone: (775) 688-1180

FAX: (775) 688-1178

Official Use Only

Series No. _____

Date: _____

Date Inspected: _____

Date FPC Issued: _____

Request for Phytosanitary Inspection Grower Section

Please Print in Ink

Please list only one (1) crop type per form.

Grower Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX #: _____ Cell Phone: _____

We (the Grower) request an inspection on the following field (one field only please):

Crop Type	Acres	Variety

Field description and location of field inspection. Please give directions from the nearest major road or intersection. _____

Please attach a map to clarify field location.

Crop Destination: (Country) _____

Country regulation pertaining to this crop/product: _____

Additional requirements of buyer in foreign country: _____

Field Inspector Section

Inspector Name: _____

Inspection Results

Inspector Signature

Date